

INFORMATION REPORT

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CENTRAL INTELLIGENCE AGENCY

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|-------------------|--|--------|-------------|-----------|
| COUNTRY | Czechoslovakia | REPORT | | 50X1-HUM |
| SUBJECT | Vitkovice Hospital/Central Military Medical Hospital/Medical Services/Personnel, Organization Procedures, Practices, Facilities/Civil Defense- Svazarm/Hospital Exercises: Evacuation Programs/Town of Ostrava/Czech Hospital in North Korea/Czech Physicians and Medical Aid to Underdeveloped Areas/Blood and Vessel Storage/Diseases/Surgery Equipment. | | DATE DISTR. | 19 Dec 63 |
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| PLACE & DATE ACQ. | | | | |

THIS IS UNEVALUATED INFORMATION

- B. One page sheet showing locations of Vitkovice Iron Works, plant hospital, and other elements related to the town of Ostrava, drawn in pen-and-ink
- CONFIDENTIAL--
- C. paper (translations) giving the T/O and facilities of the Vitkovice Hospital, Ostrava. --CONFIDENTIAL --
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Excluded from automatic
downgrading and
declassification

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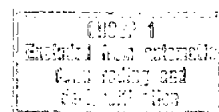
[redacted]

[redacted]

[redacted]

[redacted] the Vitkovice steel plant [redacted]

out-patient points (ambulant patient units) [redacted] are administered by the plant hospital. These medical points are set up for emergency medical care within a general practice situation, including first aid. But no beds are involved because the main hospital is located at the center of the factory complex area, which is not far from any of the medical points which are located around the periphery of the factory. The Vitkovice plant maintains 25 to 30 of these out-patient stations including 25 to 30 doctors to man the stations. Some points (ambulatory stations) were larger than others. For example, one of the 2 stations at which the source served included three physicians, 3 nurses and a clerk who cared for files and records. A typical station involved one room whose size varied with the patient load. When necessary, patients were transported from these emergency care medical points to the main hospital by means of an ambulance vehicle system, The central sanitary service of the factory maintained a vehicle pool for this

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extension 10. The extension can call 251 for the hospital switchboard. One could also dial 2051 directly for emergency medical service. From February 1954 to 1956 Dr. Dreshnar (sp) was chief of the Surgical Department at the Vitkovice hospital. In 1956 Dr. Dreshnar was assigned to the hospital at Rebetaras (sp) and was replaced by his deputy Dr. Anton Stanick (sp). Dreshnar also was Chief Surgeon of the Ostrava district before his transfer.

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[redacted]
[redacted]
[redacted] The types of surgery required

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for the first degree surgeon certification were not complex. (For example, hernia, appendectomy, hemorrhoidectomy and fractures.)

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[redacted]
[redacted]
[redacted]
[redacted] advance training as an anesthesiologist [redacted]

two month course was conducted by the institute of Advanced Training of Physicians in Prague. The students lived and worked in the institute building which was located on "Russian" Avenue. Field trips and on-the-job training were included at other major medical institutions in Prague such as the Institute for Experimental Surgery and the Central Military Medical Hospital.

[redacted] the Central Military Medical Hospital as "modern" in terms of physical plan[†], internal facilities, instruments, and other equipment. Much of the special medical equipment was of British origin. The hospital itself maintains about 1500 or more beds in permanent stone buildings and external security is maintained at all entrances. Entry is gained by having the proper military pass or a special appointment with a member of the staff. The students [redacted]

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[] had little difficulty in gaining admission. 50X1-HUM

They merely explained their status to the guard and were allowed inside.

Once inside they were met and sheperded around by a military officer (a colonel).

[] this military hospital appeared to be an 50X1-HUM
efficient operation and well run. The hospital employed both military
persons and civilians. Civilians could also be admitted as patients
if they liven in the medical district in which the hospital was located.
There were no indications [] specifically this hospital 50X1-HUM
was responsible for the care of high officials. [] high 50X1-HUM
Czech officials are sent to the "Sunups" hospital in Prague which is
designated only for their use ("Sunups" is a short version of the true 50X1-HUM
name of this special hospital. []

[]
[]
At another Prague hospital the [] class were lectured
by Dr. Spinadel (sp) who had been a Czech exile in England during World
War II. He had received advance training as an anesthesiologist and
had later written a Czech textbook on the subject. This hospital may
be located on Frantisek (sp) Street. [] 50X1-HUM

The work at the Central Military Medical Hospital was in the form
of practical examination, including acting as anesthesiologist at an
operation. This was the first he had ever seen or used, Halothane (sp).
It was also the first time he found out about Flothane. The surgical
equipment and anesthesia apparatus were Swedish and British (for example,

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Swedish anesthesia machines and British sterilizers). The drugs used for anesthesia primarily came from England.

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took a theoretical oral examination under the previously mentioned Dr. Spinadel (sp) and Dr. Kessler (sp). Final examinations also included a written test.

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The town named Alimos (sp) had a new university medical school which was started after World War II. Prof. Artavagan (sp), the best Czech surgeon was at the training hospital which was part of a

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military hospital complex. There was a surgery department two kilometers away from the main military hospital complex. The main military hospital itself was an old monastery which had about 250 beds. The training hospital has about 100 beds and the surgery department had about 1/3 of the total hospital beds (about 50 to 100). In all, the military hospital complex may have had about 400 beds. There was also a Czech Air Force Jet Base in the vicinity.

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[] about 20 Mig aircrafts on the ground but [] there are many more than that figure in that area. No bombers were seen. All planes were Czech Air Force Aircraft. No Russian aircraft were identified.

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The procedures used by the military surgeon were similar to civilian surgical practices. [] the criteria for admittance of military patients were perhaps somewhat more stringent than would be the case in civilian hospitals. Back to duty criteria were stricter in the military services. The military surgeon has the final say as to whether a man was fit for duty irrespective of the demands of the commanding officer of the patient's unit. Similar responsibility rests with the physicians or surgeon in determining a civilian patient's ability to return to his specific occupation. [] the military hospital in Alimos (sp) was about half as good as the main military hospital in Prague and about the same level as [] hospital in Ostrava. []

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[REDACTED]

[REDACTED] The civil defense [REDACTED]

[REDACTED]

[REDACTED] General lectures were given on mass casualty problems after atomic attack. Medical lectures concerning chemical warfare included Tabun, Sarin and a third type of nerve gas [REDACTED]

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[REDACTED] Atropine was mentioned for nerve gas therapy. One lecture on bacteriological warfare mentioned that the U.S. had developed new bacteria which resist known treatment and prophylaxis. This was supposed to have taken place at a research center near Los Angeles, California. No methods of defense against such agents were given at this lecture.

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The civil defense hospital area was to be set up outside of the bombed area. The training exercise area was not of itself the evacuation area. It was solely a training area which included an old castle now used as quarters for study purposes. No textbook or

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manuals were used in this course but all lecture notes had to be returned. Military personnel as well as civilians gave these lectures.

The exercise involved civilian personnel from the area around Ostrava. Military personnel were involved in training, guarding, and maintaining the castle as a permanent training area. Only necessary civil defense equipment for this training hospital was used.

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The Czech paramilitary organization Svazarm did not participate in the civil defense exercise. No hypothetical situation was used in the training. the trainees learned very little. They observed displays and were shown the casualty organization setup. All persons were qualified for some special job.

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During the Cuban crisis a civil defense exercise was carried out [] At this time the protective clothing again was displayed. This exercise was specifically mounted for the physicians and nurses of the hospital at Vitkovice, Ostrava. It took place in a large meeting room of the hospital and involved lectures, demonstrations, and movies. Atomic bomb destruction and radioactivity were emphasized. Some of the protective clothing was meant for protection against radioactivity and recommended for medical personnel who would have to carry out casualty treatment under these conditions. For example during the exercises in the hospital the possibility for performing surgery in the clothes was suggested []

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[] In general the ABC warfare defense information received at the several different civil defense exercises [] was the same. The training films were of both Czech and Russian origin. The hospital training exercises were given by civilians exclusively. [] [] a hospital civil defense exercise followed each time an international crisis became evident.

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Control of civil defense activities in Ostrava is under a permanent civil defense staff. Medical activities are directed by a civilian dentist. This person appears to have a part time function [] there was a specific office or building in Ostrava which was designated as civil defense headquarters.

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In the past 5 years a hospital exercise has followed each Berlin crisis and the Cuban crisis. There was little difference in the curricula of such exercises. The civil defense training at the castle was for reserve military personnel. The exercises at the hospital were for civilian professional personnel.

In case of war the whole city of Ostrava is to be evacuated including priority evacuation for the hospital. This includes hospital equipment and personnel. All leading physicians of the hospital have been notified where to go. Leading male personnel could take their wives and children to the hospital for evacuation. Apparently this did not apply to female personnel. (All steel plant personnel would also be evacuated with the exception of a skeleton cadre. No plant equipment is to go. The remaining personnel are to stay in available cement shelters within the city of Ostrava. [redacted] 50X1-HUM

[redacted] special shelters had been designated [redacted] 50X1-HUM

The evacuation plan for the hospital required that it be relocated in the Biskimi (sp) Mountains between the villages of Ostrava (?) and Bira(sp). This is a resort area with numerous hotels which would accommodate the various hospital departments. The [redacted] depart- 50X1-HUM ment (surgery) would be evacuated to the Zotova(sp) hotel area which is the State Labor Union resort in Bira. Bira is approximately 50 kilometers south of the city of Ostrava. [redacted] in the 50X1-HUM civil defense lectures the zone of distribution of the Atom bomb would be 14 to 20 kilometers from the point of impact. Theoretically this left 30 kilometers from Ostrava relatively undamaged. [redacted] mention. 50X1-HUM

was made in the lectures that if the "Big" bomb or two or three smaller bombs were dropped the evacuation might not be practical.

In any case [] evacuation was the primary policy of defense of the civil population of Ostrava against the Atomic bomb and would proceed no matter what the bombing concentration would be. [] if the SovBloc started a war the civil defense personnel would be informed as to when evacuation was to take place. No provision was made for surprise attack from an enemy. The specific signal for evacuation would come from the medical civil defense director (the dentist). This man has a German name which may be Berger.

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Recently the source had been given a military mobilization assignment area which was about 15 kilometers from Ostrava. He could not remember the name of the place. This was his third military mobilization area assignment since he was commissioned and the change was made in the spring of 1963. The first area assignment was 10 kilometers from the center of Ostrava. The second area assignment was about 25 kilometers from the center of Ostrava. This third and last assignment was about 15 kilometers from the center of Ostrava. [] the distance pattern was not critical to changes in these assignments. [] [] mobilization points were changed frequently in order to keep the exact place a secret.

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The hospital at Vitkovice is about 60 years old.

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[REDACTED]

[REDACTED] Other senior physicians in surgery had rotated from internal medicine and emergency ambulatory stations and would not have as much experience in surgery itself. The chief of the surgery department was Dr. Dreshnar (sp). There were four other senior physicians who had been transferred to the surgery department after unsuccessful tours in key jobs. The current chief in surgery at Vitkovice hospital is Dr. Steinach (sp). The current chief surgeon of the Ostrava district is Dr. Zamchek (sp).

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[REDACTED]

[REDACTED] At the present time Anesthesiology is a new field in Czechoslovakia. At Vitkovice there is no special department for anesthesiology but he expects that this will be changed in the future.

The most prevalent disease in the Ostrava area was dysentery. Other major problems include back injuries, hernia, and traumatic injuries. Dysentery is endemic and is propagated by large-scale communal feeding. Dining hall food was bad although an official hygienic inspection system was in process. In the hospital post-operation infections have been a problem. If staphylococcus carriers are detected, tonsillectomy is performed.

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Standard procedure in the hospital at Vitkovice requires surgical personnel to wear special hospital trousers and shirts and gowns when working in the operating room. A new operating shirt was put on after scrub-up but trousers were not changed. All surgeons wore gloves. There were too few gloves and the quality of the rubberized material was not good. That is, the gloves were too rough and too thick. Surgical gloves were sterilized after use as many times as possible. They were checked before use for slits and holes. The gloves normally were worn until they fell apart. Surgical discarded gloves were sterilized and used for other purposes elsewhere in the hospital. Sterilization techniques included hot water and hot air treatment under pressure in autoclaves. Normally autoclaves were not used for sterilization of instruments which were boiled in water. The steel in surgical instruments was adequate but the instruments were poorly put together. Those of domestic manufacturer had poor quality edges (for example, knives, scissors, and needles). Scalpels were one piece tools. Disposal syringes and needles were not in use. Only transfusion bottles and tubes were disposable. There were no surgical tools especially designed for one time use.

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middle sized hospital such as a district hospital implied a hospital where general surgical practice only was required. Such a hospital ranked below a regional hospital where the more difficult

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hospital where the more difficult surgical procedures would be
carried out.

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In surgical matters, the department of surgery of the Czech Ministry of Health was directly under the Minister of Health. The head of the department was Prof. Borovansky. The Ministry of Health is broken down into twelve regional (Kray) administrations on a geographic basis. Below the regional breakdown there is a district breakdown which is based on population density. For example, Prague and Ostrava are regional areas within which there are many smaller districts and the Vitkovice hospital is a district hospital. There exists a formal plan for certain numbers of beds (general medicine or surgical beds per population group). Certain numbers of beds are assigned to regional

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and district hospital facilities. However in practice the official hospital bed plan is not valid. An overall plan for Czech medical service is issued by the office of the Minister of Health. He uses expert consultants on commissions which decide how the various departmental services are to be organized at each level. The basic plan has not been changed for many years.

A Czech hospital was built in North Korea during the Korean War. Many military physicians from the military hospital in Prague have worked there. an anesthesiologist named Sravenicec(Sp) 50X1-HUM had lectured on his experiences in Korea. The lecturer noted that these doctors had worked with the military and civil population in North Korea at the Czech hospital. Czech physicians continue to travel to Korea and to work at ~~this~~ hospitals. But at the present time most of the Czech physicians going to underdeveloped areas of the world are assigned to Africa.

There is an institution in Prague which manages this traffic of Czech physicians to underdeveloped areas. It negotiates contracts with other countries for the services of these physicians. This activity operates under a special commission in Prague which administers contracts for all Czechs going abroad to work. An interested physician applies to the commission through the district hospital. The application is then forwarded from the district to the regional administration and then to the commission. If accepted the physician is then subjected to special medical courses related to the area in which he will work. These include information about special diseases as well as rapid language training. For example, those going to Africa receive accelerated

training in tropical diseases. A typical course usually lasts 3 to 4 weeks. Out-going physicians do not usually have indigenous language competency. However, in his application, the physician must state which languageshe can speak and this has a bearing on his choice of a foreign area. Most of these applicants can speak French which is an asset for work in North Africa.

Information as to positions in underdeveloped areas is circulated to all Czech hospitals. Usually the contracts offered are from 1 to 3 years, include excellent pay (by Czech standards) and if possible may include the physician's family. If family travel is practical the decision to bring his family is up to the applicant himself. There are many interested physicians, many applicants, and therefore it is not easy to acquire such an assignment.

If a man would accept such a position there was no allowance for replacing him at his home base hospital. The existing component of personnel covered his duties while he was away.

Some of the areas to which Czech physicians have been going include^{2a} 50X1-HUM North Africa, Ghana, Cuba, and another Latin American country [redacted] now [redacted] Some Czech physicians/are in Cuba,. In 1964 more are 50X1-HUM scheduled to go to work there; Afghanistan (the physician from Ostrava named Sedlack (Sp.) recent return from Afghanistan where he serviced the Czech diplomatic corp; other physicians have set up a Czech hospital in Vietnam where they engage in general practice and train Vietnamese personnel.

The consensus of physicians from Ostrava who have gone abroad was that the work was difficult, that living conditions often were unbearable

but that they would prefer to go back again because of the financial advantages. Upon returning to Czechoslovakia those who had worked abroad were assigned to the same job which they had held before leaving.

The Czech physicians who went abroad took nothing from their home base hospitals. However they were sometimes supplied with equipment from the Czech Ministry of Health. The best examples of supply by the Czech government were the Czech hospitals in North Korea, and Vietnam which were fully equipped with Czech equipment and built under the auspices of the Czech government (the Czech hospital in Vietnam is located in Entien) (Sp.) Medical services were rendered to both military and civil population but primarily to the civilian population. In general the equipment in the hospital was very poor and frequently the Czech physicians have little to work with, when practicing among indigenous populations.

Most of the instruments which are used for surgery in Czechoslovakia are of Czech origin and are manufactured at one central location. Antibiotics are primarily produced at Rostoky but there is also an antibiotic factory in Ostrava. The routine antibiotics are produced domestically. But some come from Switzerland, France, USSR and the U.S. Penicillin and some others are plentiful in hospitals and pharmacies. However, sometimes a specific antibiotic is in short supply and of poor quality. Streptomycin is received from the USSR but most of it is Czech manufacture. Anesthetics come from England (Flothane and Cyclopropane) from the USSR (Vladril) and

West Germany (Pruselan). Bayer, Sandoz and Ciba were some of the companies in the west which were shipping pharmaceuticals to Czechoslovakia. Equipment for anesthesia is manufactured in Czechoslovakia. An artificial kidney apparatus was obtained from U.S. Charles University has a prototype heart-lung machine which was put together in Czechoslovakia. The prototype is being reproduced at Brno also. Some open heart surgery has been done on patients.

Blood vessels are stored for transplantation purposes and also artificial blood vessels are used at the Institute for Experimental Surgery in Prague. Artificial blood vessels also^{are} used at Alimos (Sp) as well as a few other unrecalled places. The artificial vessels are made from dacron which was imported from abroad, but an attempt has been made to reproduce this material in Vitkovice. Sutures are domestically produced (seron which is similar to nylon) as are needles, stethoscopes and other routine equipment. Soviet surgical stapling machines were used in some Czech hospitals, including the Ostrava district hospital.

[redacted] Czech surgeons were very dissatisfied with this equipment and were now using the old method. [redacted]

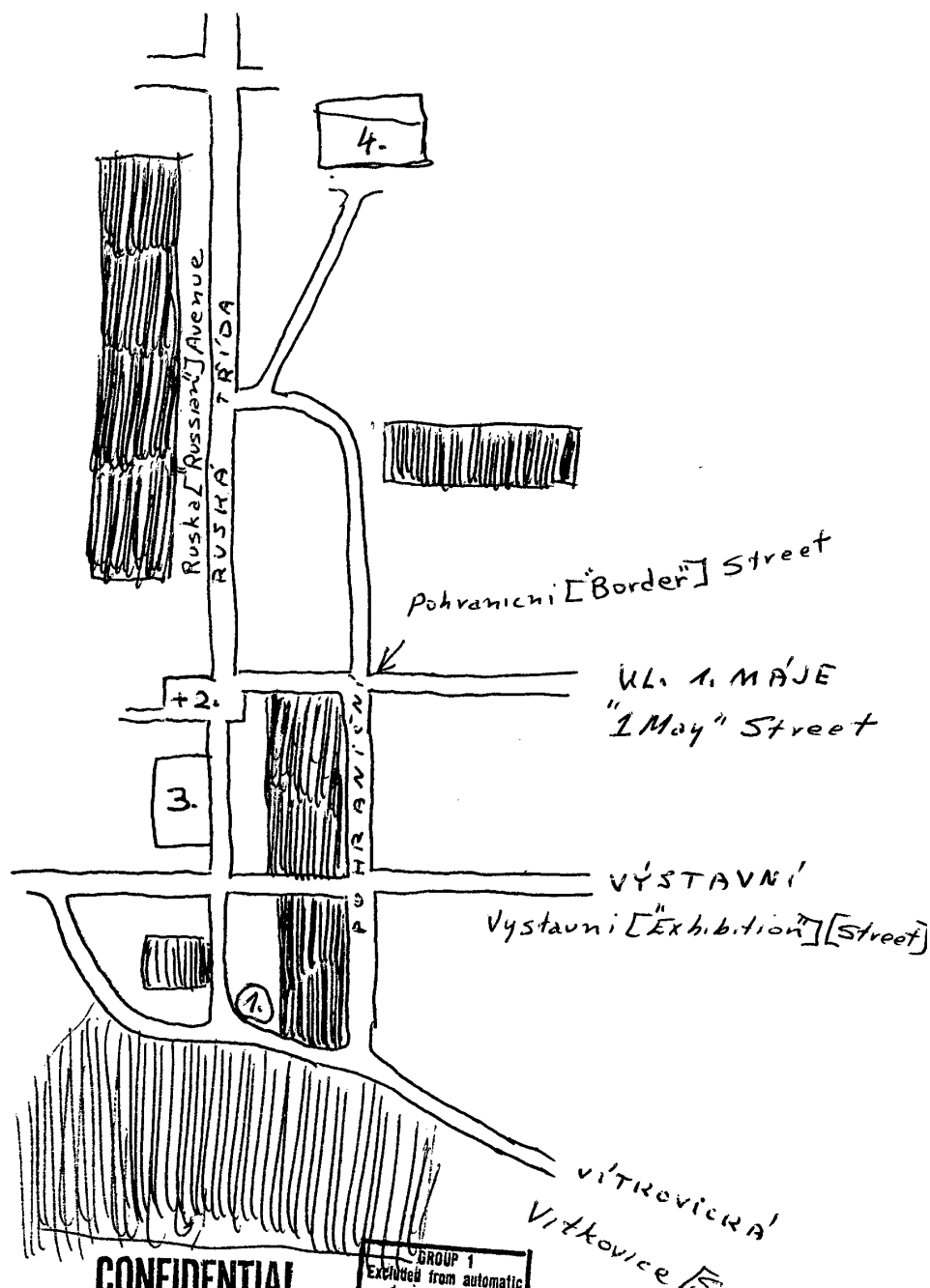
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(B)

1. ŘEDITELSTVÍ VZ
2. MÍROVÉ NÁMĚSTÍ [KOSTEL, ZÁVODNÍ HOTEL]
3. ZÁVODNÍ NEMOCNICE
4. NEMOCNICE OSTRAVA-ZABŘEH

1. Management [Headquarters] of the VZ [probably Vitkovice Ironworks]
2. Mirove [Peace] Square [Church, Plant hotel]
3. Plant hospital
4. Ostrava-Zabreh Hospital



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Facility PlanThe Vukovice HospitalOstrava, Czechoslovakia

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1. a. Gatehouse
 - b. Dining room
 - c. Storeroom (foods and clothing [the word "pradlo" may also mean linen])
- 2 floor... enterprise council, cultural center, dwellings for female aides.
2. a. Storeroom for clothing [or linen]
 - b. Kitchen
- 2 floor... dwellings for female aides
3. a. X-ray department
 - b. Receiving office
 - c. Dermatology department
- 2 floor... a... ^{section} ~~internal~~ internal medicine out-patient, ~~and~~ X-ray
b, c laboratories, and blood bank
4. Internal medicine department 1, 2, 3, floor
5. Surgery department
 - 1 floor... injury and surgery outpatient ~~unit~~
 - 2, 3, 4... floor ... department
6. Dental department 1 floor
7. Obstetrics and gynecology department 1, 2, 3 floor
8. 1 floor... physical treatment
 - 2 floor... neurology, psychiatric, internal medicine, ophthalmology out-patient unit.
 - 3 floor... ophthalmology department
9. 1 floor... throat, nose, and ear out-patient unit and
 - 2 floor... pediatric department
10. 1 floor... pediatric out-patient unit
 - 2 floor... gynecology out-patient unit and lecture hall

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[Redacted]

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11. 1 floor... pulmonary department
- 2 floor... pilmonary out-patient unit
12. Nurses' quarters (wooden building)
13. Maintenance workshops
14. Pond for firefighting purposes

Staff members

Chief of the Health Section of the (KNV) Kraj National Committee Council,

Dr Stipal ([member], Communist Party of Cz)

Director of the plant hospital at the VZ [probably the Vitkovice Ironworks],

Dr Ladislav Simik (Comm Party of Cz)

Chief, Internal Medicine Department, Dr Vladimir Neuwirt (Comm Party of Cz)

Deputy, Dr Ing. Rozehnal (Comm Party of Cz)

Surgery Department, Dr Antonin Stanek (non-party member)

Deputy, Dr Zdenek Navratil (Comm Party of Cz)

Obstetrics-Gynecology Department, Chief, Dr Mirko Horak (Comm Party of Cz)

Deputy, Dr Resler (?)

Pediatrics Department, chief, Dr Lukes (Comm Party of Cz)

Deputy, Dr Mazac (?)

Throat, nose, and ear [Department], Chief, Dr Ladislav Havlicek (?)

Ophthalmology Department, Chief, Dr Milos Wostry (?)

Dermatology Department, ---, --- Dr Apetauerova (?)

Pulmonary Department, Chief, Dr Bohumir Spilka (?)

X-ray Department, ---, --- Dr Brychta (?)

Dental Department, ----, ---- Dr Gurecky (Comm Party of Czechoslovakia)

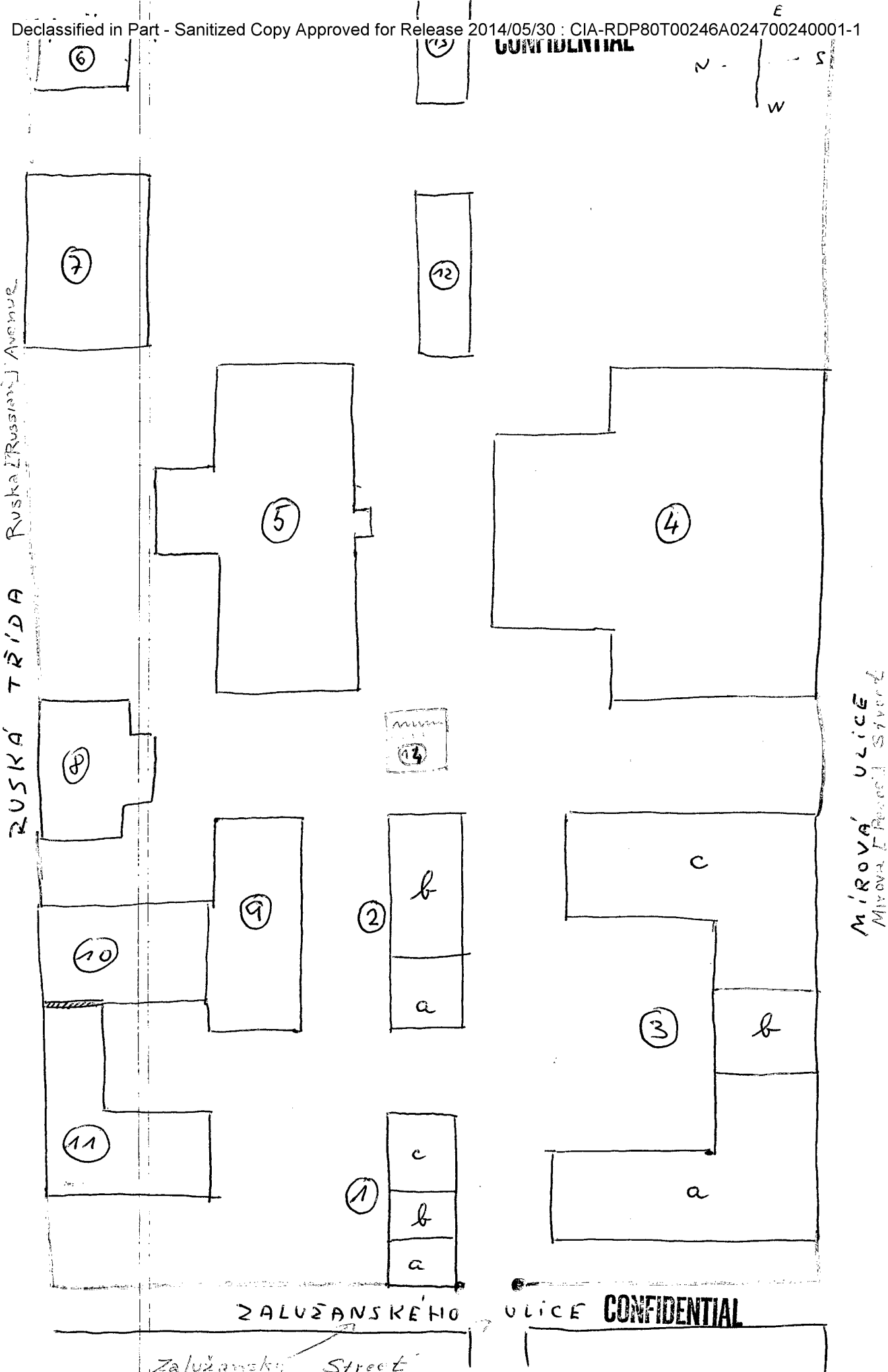
Hospital administrator, ... Silber

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